

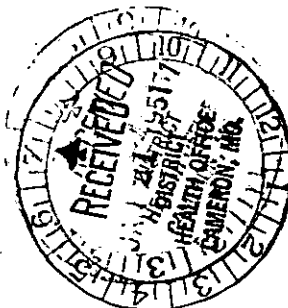
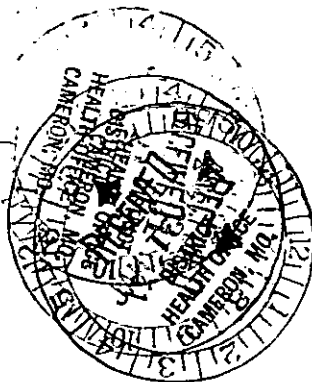
FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 781

|   |  |                               |  |  |  |   |  |
|---|--|-------------------------------|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 120            |  | PRIMARY REG. DIST. NO. 4198  |  | Registrar's No. 62                      |  |
| 1. PLACE OF DEATH <i>Dawes Nursing Home</i><br>a. COUNTY <i>Gentry</i>  |  |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY <i>Gentry</i>   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>King City</i>   |  |                               |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>King City Mo.</i>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Dawes Nursing Home</i>   |  |                               |  | d. STREET ADDRESS (If rural, give location) <i>King City Mo.</i>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <i>Margaret</i> b. (Middle) <i>Francis</i> c. (Last) <i>Lampe</i>   |  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <i>1.14.1951</i>   |  |   |  |
| 5. SEX <i>Female</i>  |  | 6. COLOR OR RACE <i>White</i> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>  |  | 8. DATE OF BIRTH <i>2.12.1870</i>       |  |
| 9. AGE (In years last birthday) <i>80</i>   |  | 10. MONTHS <i>11</i>          |  | 11. DAYS <i>2</i>  |  | 12. IF UNDER 1 YEAR Hours <i>2</i> Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>  |  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>  |  |   |  |
| 11. BIRTHPLACE (State or foreign country) <i>Morgan Co. Ill</i>   |  |                               |  | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>   |  |   |  |
| 13a. FATHER'S NAME <i>Francis B. White</i>  |  |                               |  | 13b. MOTHER'S MAIDEN NAME <i>Mary J. Park</i>  |  |   |  |
| 14. NAME OF HUSBAND OR WIFE <i>John Lampe</i>   |  |                               |  |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no or unknown) (If yes, give war or dates of service) <i>NO</i>  |  |                               |  | 16. SOCIAL SECURITY NO. <i>None</i>  |  |   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <i>Ollie White</i>  |  |                               |  | ADDRESS <i>St. Joseph Mo.</i>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                 |  |                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of Parotid Gland</i><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>INTERVAL BETWEEN ONSET AND DEATH<br><br><i>1421</i> |  |   |  |
| 19a. DATE OF OPERATION  |  |                               |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |                               |  |  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  |                               |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |   |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |                               |  |  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  |                               |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |   |  |
| 21f. HOW DID INJURY OCCUR?  |  |                               |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <i>Dec 22, 1950</i> , to <i>1.14.1951</i> , that I last saw the deceased <i>Dec 22, 1950</i> , and that death occurred at <i>7:30 P.M.</i> from the causes and on the date stated above. |  |                               |  |  |  |   |  |
| 23a. SIGNATURE <i>D. S. Blacklock</i> (Degree or title) <i>M.D.</i>   |  |                               |  | 23b. ADDRESS <i>King City Mo.</i>  |  |   |  |
| 23c. DATE SIGNED <i>1.15.51.</i>  |  |                               |  |  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>   |  |                               |  | 24b. DATE <i>1.16.1951</i>   |  |   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <i>King City</i>   |  |                               |  | 24d. LOCATION (City, town, or county) (State) <i>King City Mo.</i>   |  |   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>R. H. Pappert</i>   |  |                               |  | ADDRESS <i>King City Mo.</i>   |  |   |  |
| DATE REC'D BY LOCAL REG. <i>Jan 20 1951</i>   |  |                               |  | REGISTRAR'S SIGNATURE <i>E. L. Childs</i>  |  |   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*R. G. Piggart*

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.